Name in Full: Eugine Baxter

CERTIFICATE OF DEATH

MARYLAND

Died in Town: near Clifton Beach County: Charles

Date of death 1904: Month: Jan Day: 28

Age: Years: 5 Months: 6 Days:

Sex: Male Color or Race: White Birthplace: Md

Occupation:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Saml Baxter Father's Birthplace: Md

Mother's Maiden Name: Lizzie Murphy Mother's Birthplace: Md

Name of person giving Information: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza with Bronchial Pneumonia How long: 14 days

Immediate: Meningitis with Convulsions How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S H Speake MD

Address: Clinton

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Ann E. Berry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Waldorf | County: Charles

Date of death: Month: Jan | Day: 7 | Years: 84 | Months: — | Days: —

Sex: Female | Color or Race: White | Birthplace: Charles Co. Md.

Occupation: — | Where Residing if not at ~~place of death~~:

Married, Single or Widowed: Single | ~~Name of Wife or Husband~~:

Father's Name: — George M. Berry | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving Information: J. B. Mattingley | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Grip | How long:

Immediate: Heart-failure | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas MD

Address: Waldorf Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: James Robert Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Germany — County: Charles

Date of death 1904: Month: Jan — Day: 10 — Age: Years: 62 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Chas. Co Md.

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Cecilia Brown

Father's Name: Wm Brown — Father's Birthplace: Chas. Co. Md

Mother's Maiden Name: Eliza Brown — Mother's Birthplace: Chas. Co Md

Name of person giving In formation: Chas. Brown — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Chronic Interstitial — How long: Two Years

Immediate: Nephritis — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Mitchell M.D.

Address: Pomonkey Md.

Accident or Suicide? No

LIBRARY BUREAU A8551B

Name in Full: George W. Carpenter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hampmay — County: Charles

Date of death 1904: Month: Jan. — Day: 20 — Age: Years: 86 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Va.

~~Married, Single~~ or Widowed — Occupation: Farmer

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: M. A. Carpenter — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis Dropsy 2d Dis — How long: Several Months

Immediate: & General breakdown & Asphyxia — How long: 10 or 15 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. H. Speaker M.D.

Address: Grafton Va.

Accident or Suicide?

LIBRARY BUREAU A68318

Name in Full

Certificate of Death

James Leonard Carter

Town

Near Flintstone

County

Allegany

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Feb	5	1	2			

Date 1904.

Age

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name Thomas Carter

Mother's Name Rose Shoaf.

Cause of Death: Primary — Croupe 9.

How long sick

Immediate

~~Accident, Suicide, Homicide~~

Reported by Thomas Carter Father of Child

Address Flintstone. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58865

Name in Full: William Chapman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wayside; County: Charles

Date of death 1904: Month: January; Day: 5th

Age: Years: 78; Months: ; Days:

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: James Thomas

How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cramp over eating

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Sobrister

Address: WR Clerk

Accident or Suicide?

newborn Charles Edmond

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LIBRARY BUREAU A88516

Name in Full: Bernard Lee Edelin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Malcolm — County: Charles Co

Date of death 1904: Month: January — Day: 30th — Age: Years: 1 — Months: 4 — Days: 24

Sex: — Color or Race: White — Birthplace: Malcolm Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Frank Edelin — Father's Birthplace: —

Mother's Maiden Name: Maggie F. Wilkinson — Mother's Birthplace: —

Name of person giving information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: The administration of concentrated lye — How long: 4 days.

Immediate: Acute Gastritis — How long: 20 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. Morton Brown

Address: Aquasco Md

Accident or Suicide? Undoubtedly a case of murder.

LIBRARY BUREAU A88810

Name in Full

Mary Francis Edwards

Certificate of Death

Died at Town: Bankie Ridge County: Charles MARYLAND

Date 1904 Month: 1 Day: 6 | Age Y.: — M.: 3 D.: — | Native of: Md. | Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Henry E. Edwards | Mother's Maiden Name: C. B. Spalding

Cause of Death: Primary: Whooping cough & Pneumonia | How long sick: 4 mos.

Immediate: | Accident, Suicide, Homicide

Reported by: J. [illegible] Higdon, M.D.

Address: [illegible]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79693

Name in Full: Harry E Edwards

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harris Lot; County: Charles

Date of death 1904: Month: January; Day: 19

Age: Years: —; Months: 3; Days:

Sex: [illegible]; Color or Race: White

Birthplace:

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry E Edwards

Father's Birthplace: Maryland

Mother's Maiden Name: Mary Edwards

Mother's Birthplace: "

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W R Clark

Address: Newburg Post office

Accident or Suicide?

Chas W Ce M

LIBRARY BUREAU A86516

Name in Full: Mrs Lurenia Fowler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Cross Roads — County: Charles

Date of death 1904: Month: Jan — Day: 25-th — Years: Age 78 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Charles Co

Occupation: Houn Wife — Where Residing if not at place of death: Nanjemoy

Married, Single or Widowed: Married — Name of Wife or Husband: John Fowler

Father's Name: Dow — Father's Birthplace: Don't know

Mother's Maiden Name: Don't Know — Mother's Birthplace:

Name of person giving Imformation: Millard Sandy — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Feble Mendid — How long: 12 Years

Immediate: Heart Failure — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Dr in attendance

Address: at time of death

Accident or ~~Suicide~~?

LIBRARY BUREAU A8881G

Name in Full

James. Forrest

Certificate of Death

Town: Near Pomfret — County: Charles, MARYLAND

Died at Near Pomfret — Charles, MARYLAND

Date 1904 — Month Jan 8 — Day — Age Y. 60 M. D. — Native of Chas Co. Md — Occupation Farmer

Male — ~~Female~~ — ~~White~~ — Colored — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living 9

Husband of Sallie Forrest — ~~Wife~~

Father's Name James Forrest — Mother's Maiden Name ~~Hester~~ 93 Gaiser

Cause of Death — Primary: Pneumonia — How long sick: About 3 weeks

Immediate: Heart-clot — ~~Accident, Suicide, Homicide~~

Reported by Jno. T. Diggs MD

Address Port Tobacco, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Name in Full: Murdock Hezekiah

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Nanjemoy — County: Charles

Date of death 1904 — Month: Jan. — Day: 29th — Age: Years 65 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Va.

Married, Single or Widowed — Occupation: Laborer

Name of Wife or Husband

Father's Name: — Father's Birthplace

Mother's Maiden Name: — Mother's Birthplace

Name of person giving information — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Dropsy — How long: 6 or 8 mos

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. H. Spicer M.D.

Address: Grayton

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Mrs. T. Elgar Gardiner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gardiner Homestead | County: Chas. Co. Md.

Date of death 1904: Month: January | Day: Six | Years: Age 88. | Months: 4 | Days: 4

Sex: Female | Color or Race: White | Birthplace: New Hampshire

Occupation: Lady's Housewife | Where Residing if not at place of death: Residing at place of death

Married, Single or Widowed: Widow | Name of Wife or Husband: Mrs. T. Elgar Gardiner

Father's Name: Genl. John de B. Wallach, U.S.A. | Father's Birthplace: Alsace, France

Mother's Maiden Name: Mary Harbergen | Mother's Birthplace: Philadelphia, Pa.

Name of person giving Information: Dr. J. de B. W. Gardiner | How related to deceased: My Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Advanced age & Grippe | How long: One week

Immediate: The Grippe | How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. de B. W. Gardiner

Address: Hughesville, Chas. Co., Maryland

Accident or Suicide? Neither

LIBRARY BUREAU A86916

Name in Full: Jennie W Grey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Doncaster — County: Charles

Date of death: 1904 — Month: Jan — Day: 18 — Age: Years: — Months: — Days: One hour

Sex: Female — Color or Race: Black — Birthplace: Charles Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John W Grey — Father's Birthplace: Washington D C

Mother's Maiden Name: Mary Davis — Mother's Birthplace: Charles Co Md

Name of person giving Imformation: John W Grey — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Born afflicted — How long: one hour

Immediate: with Hable Cora around neck — How long: " "

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88818.

Name in Full: Cossie Jourdan

CERTIFICATE OF DEATH

MARYLAND

Died at Indian Town — Chas County

Date of death 1904	Month	Day	Age	Years	Months	Days
	1	10		4		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Mail — Color or Race: Black — Birthplace: Chas Co Md

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband: none

Father's Name: Wm Jourdan — Father's Birthplace: Chas Co Md

Mother's Maiden Name: Johnson — Mother's Birthplace: " "

Name of person giving information: Wm Jourdan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Trouble — How long

Immediate: " " — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: None present

Address

Accident or Suicide? neither

LIBRARY BUREAU ARMCO

Reproduced by W. H. Brannon

Name in Full Mr George Z Lloyd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Waysides — County:

Date of death 1904 — Month: January — Day: 18 — **Age** — Years: 79 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: H. A. Lloyd

Father's Name: Thomas Lloyd — Father's Birthplace:

Mother's Maiden Name: Sophia Wilkes — Mother's Birthplace:

Name of person giving information: H. A. Lloyd — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Complication of chronic — How long: 2 & 3 yrs —

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. L. Haydon M.D.

Address: Waysides Md

Accident or Suicide:

LIBRARY BUREAU A88516

Name in Full: Joe Mankins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pomonkey Point — County: Chas

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: June 4th	Day: 5	Age — Yeers:	Months: 9	Days:
Sex: Male	Color or Race: Black		Birth-place: Md		
Married, Single or Widowed:		Occupetion:			
Name of Wife or Husband: Roya Mankins					
Father's Name: Henry Ward			Father's Birthplace: Va		
Mother's Maiden Name: Roya Mankins			Mother's Birthplace: Va		
Name of person giving In formation: Jessie Smith			How related to deceased: Father & Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	How long: 5
Immediate: Carcinoma	How long: 5
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Non
Accident or Suicide? No	Address

LIBRARY BUREAU A88518

Name in Full: Thomas Martin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Granvale Hall — County: Charles

Date of death 190 4 — Month: 1 — Day: 10 — Years: Age 73 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Prince Georges Co

Married, Single or Widowed: Widower — Occupation: Laborer

Name of Wife or Husband: —

Father's Name: Henry Martin — Father's Birthplace: Pr. Geo. Co. Md.

Mother's Maiden Name: Sarah Coby — Mother's Birthplace: Chas. Co. Md.

Name of person giving information: Jno. Charles Bramble — How related to deceased: Friend

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Pneumonia — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Bailey

Address: Pinatauny Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Lerry Plowden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: [illegible] County: Charles

Date of death 1904: Month: January Day: 16

Age: Years: 70 Months: " Days: "

Sex: Male Color or Race: Black Birthplace: Maryland

Married, ~~Single~~ or ~~Widowed~~: Married Occupation: Farm Hand

Name of Wife or Husband: Mary Plowden

Father's Name: 1654 Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: Henson Bell How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. K. Clark

Address: Newburg Charles Co Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Eva G. Plater

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bennett — County: Carroll

Date of death 1904: Month: 1 — Day: 4 — Age: Years: — Months: 16 — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Thos Plater — Father's Birthplace: 27

Mother's Maiden Name: Ella Brooke — Mother's Birthplace:

Name of person giving Information: Thos Plater — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 3 mo

Immediate: — — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Chappelear M.D.

Address: Hampstead Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Harriett Queen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Oregon — (County): Charles

Date of death: 1904 — Month: 1 — Day: 8 — Age: Years: — Months: 3 — Days:

Sex: Female — Color or Race: C — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Oregon

Married, Single or Widowed: S — Name of Wife or Husband:

Father's Name: James Queen — Father's Birthplace: Md

Mother's Maiden Name: Mary Dorsey — Mother's Birthplace: Md

Name of person giving Information: Marcus Dorsey — How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 4 Months.

Immediate: Conjestion of Lungs — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. Hamm M.D.

Address: Oregon Stores Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Annie Savoy

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pisgah — County: Charles

Date of death: Month: 1 — Day: 22. — Years: Age 32 — Months — Days

Sex: Female — Color or Race: C — Birthplace: Md

Occupation: Wife. — Where Residing if not at place of death: Pisgah

Married, Single or Widowed: M. — Name of Wife or Husband: Ferd Savoy

Father's Name: Thomas Penny — Father's Birthplace: Md.

Mother's Maiden Name: Sallie Brown — Mother's Birthplace: Md.

Name of person giving Imformation: Ferdinand Savoy — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Absorption of Septic Matter. — How long: 10 days.

Immediate: Puerperal Septicemia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Daniel L. Harmon

Address: Mason Springs Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sarah Shiverals

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Doncaster — County: Charles

Date of death: Month: Jan — Day: 15 — 1904 — Age: Years: 115 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Dont know

Occupation: None — Where Residing if not at place of death: Near Doncaster

Married, Single, ~~Widowed~~ — Name of ~~Wife or~~ Husband: Henry Shiverals

Father's Name: Dont know — Father's Birthplace: Dont know

Mother's Maiden Name: Dont know — Mother's Birthplace: " " "

Name of person giving Imformation: John Dunnington — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age and Heart Failure — How long

Immediate: Sudden Death — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No Dr in attendance

Address

Accident or Suicide?

LIBRARY BUREAU A85316

Name in Full

Certificate of Death

Nellie Swann

Town

County

Died at Bel Aller [illegible] MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1904 Jan. 7th Age 19 4 18 M. D. Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living None

Husband of Wife James Swann

Father's Name Doc Powler

Mother's Name Cecil I. Swann

Cause of Death: Primary Consumption — How long sick 2 years

Immediate

Accident, Suicide, Homicide

Reported by Husband

Address Bel Aller Md

Peter W. Roby

Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full: Wat. Dalam

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Nanjemoy — County: Charles

Date of death 1904 — Month: Jan — Day: 28

Age — Years: 110 (65?) 115 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Married, Single or Widowed — Occupation: —

Name of Wife or Husband: —

Father's Name: — Father's Birthplace

Mother's Maiden Name: — Mother's Birthplace

Name of person giving Information — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General weakness & debility — How long: confined to bed

Immediate: & breakdown from age — How long: for 6 to 12 Mo

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. H. Peake MD

Address: Grayton

Accident or Suicide?

LIBRARY BUREAU A8A518

Name in Full: Susan Vincent

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near La Plata; County: Charles

Date of death 1904: Month: Jan; Day: 1; Years Age: about 58; Months: —; Days: —

Sex: female; Color or Race: colored; Birthplace: Charles Co

Married, Single or Widowed: married; Occupation: Housewife

Name of Wife or Husband: Wm Vincent

Father's Name: Richard James; Father's Birthplace: Chas Co

Mother's Maiden Name: Don't Know; Mother's Birthplace: Don't Know

Name of person giving information: Wm Vincent; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma, Bronchial; How long: 2 yrs

Immediate: Valvular disease of Heart; How long: 3 or 4 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S. Owen

Address: La Plata Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Marcelus Washington

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pisgah — County: Charles

Date of death 1904 — Month: 1 — Day: 27

Age — Years: — Months: 2 — Days: 17

Sex: Male

Color or Race: Colord

Birthplace: Md.

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: S

Name of Wife or Husband: noe

Father's Name: George Washington

Father's Birthplace: Md.

Mother's Maiden Name: Lottie Hawkins

Mother's Birthplace: Md.

Name of person giving Information: Dennis Hawkins

How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natchural causes — How long:

Immediate: Pneumonic simptoms — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

~~Signature of Physician~~: Mose C. D Carpenter

Address: Pisgah Md

Accident or Suicide?

LIBRARY BUREAU A88618

Name In Full

Certificate of Death

Mary Jane Welch

Died at Town: Chapel Point County: Charles MARYLAND

Date 1904 Month: Jan Day: 10 | Age Y.: 65 M.: — D.: — | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living 9

~~Husband~~ Wife of D. Dyson Welch

Father's Name — Edmunds Mother's Maiden Name

Cause of Death: Primary Bronchorrhea, Mitral Reg. | How long sick

Immediate Febrid Bronchitis & Cardiac Failure | ~~Accident, Suicide, Homicide~~

Reported by E J Spencer M.D

Address Bel Alton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868